

10-20-04

HDP/SB/21 based on PTO/SB/21 (08-00)

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## TRANSMITTAL FORM

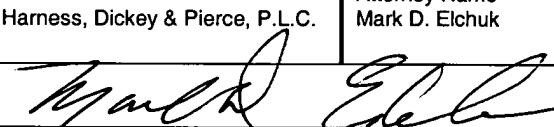
(to be used for all correspondence after initial filing)

		Application Number	09/971,838
		Filing Date	10/5/01
		First Named Inventor	Aftanas <i>Certificate</i>
		Group Art Unit	3727 <i>OCT 26 2004</i>
		Examiner Name	Newhouse <i>of Correction</i>
Total Number of Pages in This Submission		Attorney Docket Number	0210B-000253

### ENCLOSURES (check all that apply)

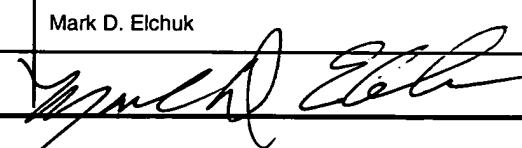
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>  <i>cover letter for COC; COC (in duplicate); return receipt postcard.</i>
	Remarks	<p>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.</p>

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.		Attorney Name Mark D. Elchuk	Reg. No. 33,686
Signature				
Date	October 19, 2004			

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Typed or printed name	Mark D. Elchuk	Express Mail Label No.	EV 406 076 502 US
Signature		Date	October 19, 2004

EV 406 076 502 US

8 NOV 2004



# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT**

(\$)  
100

Complete if Known	
Application Number	09/971,838
Filing Date	10/5/01
First Named Inventor	Aftanas
Examiner Name	Newhouse
Group / Art Unit	3727
Attorney Docket No.	0210B-000253

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money  Other  None  
Order

Deposit Account:

Deposit  
Account  
Number

08-0750

Deposit  
Account  
Name

Harness, Dickey & Pierce, P.L.C.

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) <u>Certificate of Correction fee</u>					100

SUBTOTAL (1)

(\$)  
0

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20 **	= 0	X 18 = 0
Independent Claims	-3 **	= 0	X 84 = 0
Multiple Dependent		X	= 0

### Large Entity

### Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)  
0

\*\* or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)  
100

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Mark D. Elchuk	Registration No. Attorney/Agent	33,686	Telephone 2486411600
Signature				Date October 19, 2004

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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

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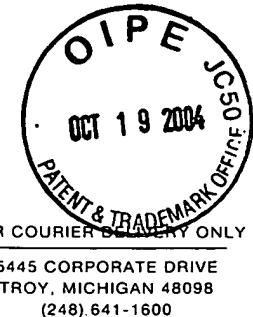
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Attorney Docket No.	0210B-000253

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																									
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number 08-0750 Deposit Account Name Harness, Dickey & Pierce, P.L.C.				<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> </tr> <tr> <td>1252</td> <td>410</td> <td>2252</td> <td>205</td> </tr> <tr> <td>1253</td> <td>930</td> <td>2253</td> <td>465</td> </tr> <tr> <td>1254</td> <td>1,450</td> <td>2254</td> <td>725</td> </tr> <tr> <td>1255</td> <td>1,970</td> <td>2255</td> <td>985</td> </tr> <tr> <td>1401</td> <td>320</td> <td>2401</td> <td>160</td> </tr> <tr> <td>1402</td> <td>320</td> <td>2402</td> <td>160</td> </tr> <tr> <td>1403</td> <td>280</td> <td>2403</td> <td>140</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> </tr> <tr> <td>1453</td> <td>1,300</td> <td>2453</td> <td>650</td> </tr> <tr> <td>1501</td> <td>1,300</td> <td>2501</td> <td>650</td> </tr> <tr> <td>1502</td> <td>470</td> <td>2502</td> <td>235</td> </tr> <tr> <td>1503</td> <td>630</td> <td>2503</td> <td>315</td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> </tr> <tr> <td>1809</td> <td>750</td> <td>2809</td> <td>375</td> </tr> <tr> <td>1810</td> <td>750</td> <td>2810</td> <td>375</td> </tr> <tr> <td>1801</td> <td>750</td> <td>2801</td> <td>375</td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> </tr> </tbody> </table>				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	55	1252	410	2252	205	1253	930	2253	465	1254	1,450	2254	725	1255	1,970	2255	985	1401	320	2401	160	1402	320	2402	160	1403	280	2403	140	1451	1,510	1451	1,510	1452	110	2452	55	1453	1,300	2453	650	1501	1,300	2501	650	1502	470	2502	235	1503	630	2503	315	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	750	2809	375	1810	750	2810	375	1801	750	2801	375	1802	900	1802	900
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The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>FEE CALCULATION</b> <b>1. BASIC FILING FEE</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> <tr> <td>1001</td> <td>750</td> <td>2001</td> <td>375</td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> </tr> <tr> <td>1003</td> <td>520</td> <td>2003</td> <td>260</td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004</td> <td>375</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Utility filing fee</td> <td></td> <td></td> </tr> <tr> <td>Design filing fee</td> <td></td> <td></td> </tr> <tr> <td>Plant filing fee</td> <td></td> <td></td> </tr> <tr> <td>Reissue filing fee</td> <td></td> <td></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> </tr> </tbody> </table> <p>SUBTOTAL (1) (\$0)</p> <b>2. EXTRA CLAIM FEES</b> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td>-20 **</td> <td>= 0</td> <td>X 18 = 0</td> </tr> <tr> <td>Independent Claims</td> <td>-3 **</td> <td>= 0</td> <td>X 84 = 0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>X</td> <td>= 0</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202 9 Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201 42 Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203 140 Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204 42 ** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205 9 ** Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> <p>SUBTOTAL (2) (\$0)</p>				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	750	2001	375	1002	330	2002	165	1003	520	2003	260	1004	750	2004	375	1005	160	2005	80	Fee Description		Fee Paid	Utility filing fee			Design filing fee			Plant filing fee			Reissue filing fee			Provisional filing fee			Total Claims	Extra Claims	Fee from below	Fee Paid		-20 **	= 0	X 18 = 0	Independent Claims	-3 **	= 0	X 84 = 0	Multiple Dependent		X	= 0	Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	1202	18	2202 9 Claims in excess of 20	1201	84	2201 42 Independent claims in excess of 3	1203	280	2203 140 Multiple dependent claim, if not paid	1204	84	2204 42 ** Reissue independent claims over original patent	1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent																																						
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\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Mark D. Elchuk	Registration No. Attorney/Agent	33,686
Signature			Telephone 2486411600
Date	October 19, 2004		

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**HARNESS, DICKEY & PIERCE, P.L.C.**  
ATTORNEYS AND COUNSELORS  
P.O. BOX 828  
BLOOMFIELD HILLS, MICHIGAN 48303  
U.S.A.

October 19, 2004

CABLE  
PATENTS TROY, MICHIGAN  
TELEX NO. & REPLY  
287637 HARNES UR  
TELEFACSIMILE  
(248) 641-0270

Director of The United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Re: Patent No. 6,779,696 B2  
Issued: 8/24/04  
Inventor: Aftanas et al  
For: Article Carrier Having Single Sided Releasable Cross Bar  
Our reference: 0210B-000253

Sir:

We have noted in proofreading Patent No. 6,779,696 B2 the following errors which appear to require a Certificate of Correction:

Column 3, line 43 (application page 7, line 9), delete "for" and insert - in place of --.  
Column 10, line 35, claim 24 (application page 15, line 1, claim 29) after "to" insert - be --.  
Column 8, line 13, claim 11 (amendment page 9, line 23, claim 14, amendment dated 7/3/03)  
"locked" should read - unlocked --.

Enclosed herewith is an original and a copy of the Patent and Trademark Office Certificate of Correction form which we request be approved for the above-identified patent.

We also enclose herewith a check in the amount of \$100.00 to cover the fee for filing this Certificate of Correction. The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this patent to our Deposit Account No. 08-0750. A duplicate copy of this letter is enclosed for that purpose.

Very truly yours,



Mark D. Elchuk  
Reg. No. 33,686

MDE/jo

10/22/2004 EFLORES 00000060 6779696

01 FC:1811

100.00 0P

8 NOV 2004



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TROY, MICHIGAN 48098  
(248) 641-1600

**HARNESS, DICKEY & PIERCE, P.L.C.**  
ATTORNEYS AND COUNSELORS  
P.O. BOX 828  
BLOOMFIELD HILLS, MICHIGAN 48303  
U.S.A.

CABLE  
PATENTS TROY, MICHIGAN  
TELEX NO. & REPLY  
287637 HARNES UR  
TELEFACSIMILE  
(248) 641-0270

October 19, 2004

Director of The United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Re: Patent No. 6,779,696 B2  
Issued: 8/24/04  
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"locked" should read – unlocked --.

Enclosed herewith is an original and a copy of the Patent and Trademark Office Certificate of Correction form which we request be approved for the above-identified patent.

We also enclose herewith a check in the amount of \$100.00 to cover the fee for filing this Certificate of Correction. The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this patent to our Deposit Account No. 08-0750. A duplicate copy of this letter is enclosed for that purpose.

Very truly yours,

  
Mark D. Elchuk  
Reg. No. 33,686

MDE/jo

18 NOV 2004

## UNITED STATES PATENT AND TRADEMARK OFFICE

### CERTIFICATE OF CORRECTION

PATENT NO : 6,779,696 B2

DATED : 8/24/04

INVENTOR(S) : Aftanas et al

It is certified that error appears in the above-identified patent and that said Letters Patent are hereby corrected as shown below:

Column 3, line 43 (application page 7, line 9), delete "for" and insert -- in place of --.

Column 10, line 35, claim 24 (application page 15, line 1, claim 29) after "to" insert -- be --.

Column 8, line 13, claim 11, (amendment page 9, line 23, claim 14, amendment dated 7/3/03) "locked" should read -- unlocked --.

MAILING ADDRESS OF SENDER: Harness Dickey & Pierce (MDE)  
P.O. Box 828  
Bloomfield Hills, MI 48303

PATENT NO. 6,779,696 B2

No. of additional copies



This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

E NOV 2004

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